## HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

AUG 2 3 2002 POWER OF ATTORNEY OR AUTHORIZATION OF AGENT AND **CORRESPONDENCE ADDRESS** 

Application Number	10/084,832
Filing Date	February 27, 2002
First Named Inventor	Mustapha Abdelouahed
Group Art Unit	1642
Examiner Name	Not assigned
Attorney Docket Number	1440.1038-003

Title	Diagnostic	Assav	for '	Г
I LLLE	Diagnostic	713347	101	

Type 2 Heparin-Induced Thrombocytopenia

	I/We	hereby appoint		
	[X]	the attorneys/agents associated with Customer No. 021005		
	[]	Practitioner(s) named below:		
		y/our attorneys/agents to prosecute the application identified above, and to transact all s Patent and Trademark Office connected therewith.	business in the United	
	The o	correspondence address for the above-identified application is:	3 K 3 €	
	[X]	Customer Number 021005	AUG PUG CENI	
		Hamilton, Brook, Smith & Reynolds, P.C.		
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	•,	P.O. Box 9133	ECEIVED AUG 2 6 2002 CENTER 1600/2903	
		Concord, Massachusetts 01742-9133	280 D	
	<b>1</b> 1	Other	<b>3</b>	
	Pleas	e direct all telephone calls and facsimiles to:		
	Name	Doreen M. Hogle, Esq. Tel. No. 978-341-0036 Fax No.	978-341-0136	
	I am	the:		
	[X]	Applicant/Inventor.		
_	[7]	Application technol.		
[ ] Authorized representative of the Assignee of the entire interest. See 37 C.F.R. 3.71. A Statement under 37 C.F.R. §3.73(b) is enclosed.				
•	[]	Authorized representative of an assignee together with [ ] of the entire interest. A safety of the entire interest. A safety of the entire interest.	separate Statement under	
		SIGNATURE of Applicant or Assignee of Record		
	Name	John W. Lawler		
	Signa	ture John w Man ler		
	Date	186/or		
	[X]	Total of 2 forms are submitted.		

# HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

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Diagnostic Assay for Type 2 Heparin-Induced Thrombocytopenia

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	[ ]	Practiti	oner(s) named below:			
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			orneys/agents to prosecute the application identified above, and to transact all bus and Trademark Office connected therewith.	iness in the	Unit	ed
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		530 Vir	ginia Road	60	2002	<
	•\	P.O. B	ox 9133	)/29	22	
		Concor	rd, Massachusetts 01742-9133	8		
	¥ ]	Other_				
			all telephone calls and facsimiles to:			
	Name	<u>Dore</u> e	en M. Hogle, Esq. Tel. No978-341-0036 Fax No	978-341-0	136	
	I am t	the <sup>.</sup>				
	[X]		ant/Inventor.			
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•	[]	Authori	zed representative of the Assignee of the entire interest. See 37 C.F.R. 3.71. A S	Statement u	nder	37
		C.F.R.	§3.73(b) is enclosed.			
. [ ] Authorized representative of an assignee together with [ ] of the entire interest. A separate Statement under 37 C.F.R. § 3.73(b) is enclosed.					under	
			SIGNATURE of Applicant or Assignee of Record			_
	Name	)	Mustapha Abdelouahed			
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	Date		11. Abdelanated August 05/2002			
		· — ···	August 05/2002			
	[X]	Total	of 2 forms are submitted.	<del></del>		
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### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

policants:

Mustpha Abdelouahed and John W. Lawler

Application No.:

10/084,832

Group:

1642

Filed:

19 August 2002

February 27, 2002

Examiner: Not assigned

For:

Diagnostic Assay for Type 2 Heparin-Induced Thrombocytopenia

#### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, P.O. Box 2327 Arlington, VA, 22202

2327, Arlington, VA 22202 on **8/19/** 

Date

Kathleen M. Bastarache

Typed or printed name of person signing certificate

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### TRANSMITTAL OF POWER OF ATTORNEY BY ASSIGNEE

**Assistant Commissioner for Patents** 

P.O. Box 2327

Arlington, VA 22202

Sir:

Transmitted herewith is a Power of Attorney by Assignee for filing in the above-captioned patent application.

Acceptance of the Power of Attorney is respectfully requested.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By <u>Carol U.</u> Carol A. Egner

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Date: August 19, 2002